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COUNTY BOROUGH OF WARRINGTON



ANNUAL REPORT

to the

EDUCATION COMMITTEE

on the work of the

SCHOOL HEALTH SERVICE

for the year

1956

ERIC H. MOORE

B.Sc., M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H.

*Medical Officer of Health and
Principal School Medical Officer*

HEALTH DEPARTMENT, SANKEY STREET, WARRINGTON

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SCHOOL MEDICAL SERVICE SUB-COMMITTEE

(As at 31st December, 1956)

Chairman:

Alderman E. MARSHALL, M.B.E., J.P.

Alderman J. CANON BARDSLEY, M.A., J.P.

Alderman H. HARDING

Alderman H. MASSEY

Councillor W. G. CALDWELL, LL.B., J.P.

Councillor H. GRAY, J.P.

Councillor Mrs. M. HARDMAN, J.P.

Councillor Mrs. A. L. HINDLE

Councillor P. MARTIN, J.P.

Mr. W. E. JOLLEY

Rev. J. A. CUNNINGHAM, O.S.B.

Rev. J. RUSSELL

Ex-Officio:

Councillor H. GREENWOOD, J.P. (Mayor)

Alderman D. PLINSTON, J.P. (Chairman of the Education Committee)

Rev. E. DOWNHAM, B.A. (Deputy-Chairman of the Education Committee)

Chief Education Officer: H. M. PHILLIPSON, M.A.

STAFF

(As at 31st December, 1956)

Principal School Medical Officer:

ERIC H. MOORE, B.Sc., M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H.

Deputy Principal School Medical Officer:

ALEXANDER GATHERER, M.B., Ch.B.

School Medical Officers:

ANGELA MANNING, M.R.C.S.(Eng.), L.R.C.P.(Lond.)

MARY GRAHAM, M.B., Ch.B.

OLGA MILLINGTON, M.B., Ch.B. (Part-time).

Principal School Dental Officer:

A. P. FINLAY, L.D.S., R.F.P.S.

School Dental Officer:

Mrs. PHYLLIS E. LAWTON, L.D.S. (Manchester)

Educational Psychologist:

Mrs. C. M. RIVETT, B.A.(Lond.), M.A.(Manc.), Post-graduate Certificate in Education (Lond.).

Superintendent of Health Visitors and School Nurses:

Miss A. N. AGAR, S.R.N., S.C.M., H.V.(Cert).

Speech Therapist:

Post vacant.

Visiting Consultants:

Ophthalmic: SYDNEY B. SMITH, M.R.C.S., L.R.C.P., D.O.M.S. (R.C.P. & S.).

Ear, Nose and Throat: Mr. WALTER E. HUNTER, M.A., M.R.C.S., L.R.C.P.

SCHOOL CLINICS

A. PROVIDED BY LOCAL EDUCATION AUTHORITY

INSPECTION CLINIC (Cairo Street)

Monday to Saturday
9-0 a.m. to 9-45 a.m.

Examination of cases referred by Teachers,
Education Welfare Officers, School
Nurses, etc.

MINOR AILMENTS CLINIC (Cairo Street)

Monday to Saturday
9-0 a.m. to 9-45 a.m.

Treatment of contagious diseases of the
skin, eyes, etc.

Saturday
10-0 a.m. to 12 noon

Vaccination and immunisation.

DENTAL CLINIC (Health Department, Sankey Street)

Monday to Saturday
(by appointment)

Dental treatment (including orthodontic
treatment)

Daily 9-30 a.m. to 10 a.m. Emergency treatment.

EAR, NOSE AND THROAT CLINIC (Cairo Street)

Examinations:

Wednesday, 4-30 p.m.

Out-Patient treatment:

Daily (by appointment)

Operations are performed at the Warrington General Hospital on
Thursday mornings.

EDUCATIONAL PSYCHOLOGIST (Arpley Street)

Daily (by appointment)

CHIROPODY SERVICE

Cases seen by appointment.

B. PROVIDED BY REGIONAL HOSPITAL BOARD

PAEDIATRIC CLINIC (Warrington General Hospital)

Wednesday Afternoons
(by appointment)

ORTHOPAEDIC CLINIC (Warrington General Hospital)

Examinations—Every fourth Tuesday, 10-0 a.m.

Treatment:

Wednesday and Friday
9-30 a.m. to 11 a.m.

Treatment of postural and crippling
defects, etc.

OPHTHALMIC CLINIC (Warrington General Hospital)

Monday, 2-0 p.m.
Friday, 9-0 a.m.
(by appointment)

Examination and treatment of errors of
refraction and squint.

ORTHOPTIC CLINIC (Warrington General Hospital)

Monday to Friday
9-30 a.m. to 4-30 p.m.

Treatment of cases of squint.

To the Chairman and Members of the Education Committee

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to present to you my Annual Report on the health of the schoolchildren of Warrington for the year 1956. The general state of health during the year was good and there were no exceptional outbreaks of infectious diseases, though there was one explosive outbreak of an unusual illness in Bewsey Secondary Modern School, which is described in the body of the report. The clinical services continued to operate on the lines of previous years in adapted accommodation at Cairo Street. There were no staff changes during the year, and the services operated smoothly with a full complement of medical and nursing personnel. Dr. Gatherer, Deputy Principal School Medical Officer, worked part-time from October while studying for a Diploma in Public Health. He was relieved during his absence by the part-time services of Dr. Olga Millington.

Liaison with hospitals and general practitioners remained excellent. The tendency which has been so pronounced in recent years for treatment to be transferred from the school clinic to the general practitioners and hospitals was marked again this year, the amount of treatment carried out directly by the School Medical Service being very small. The main function of this service now is the detection of variations from the normal at the earliest possible stage, whereby they obtain treatment through National Health Service channels at an early date.

During this year four routine medical inspections were carried out, as described in the section of the report dealing with School Medical Inspection. It was anticipated that this would not disclose any increased number of defects but it has shown that, in Warrington, there would appear to be a need for an 8-year-old inspection at the present time, and it is therefore proposed to continue with four age groups for medical inspection in the next year.

The Dental Service during the year has shown outstanding developments, and the difficulties of previous years have been overcome, except insofar as there is shortage of accommodation. The new Principal School Dental Officer has completely re-organised the service which is now working smoothly and giving satisfaction to patients, parents and teachers. There is, however, a considerable need for the appointment of more dentists, but this, of course, cannot be done until more clinic accommodation is available. At the time of writing notification has just been received that approval has been given for the building of the new clinic, and it is therefore hoped, in a relatively short time, that these accommodation difficulties, with their consequent staffing problems, will be overcome.

I would like to thank all members of the medical profession for their co-operation during the year. The Chairman and Members of the School Medical Service Sub-Committee have given me unfailing support and encouragement by their interest in the running and development of the service, and without this interest and support nothing could have been accomplished; the friendly co-operation received from the Chief Education Officer and his staff contributes largely to the success of the School Health Service, and it is with very great gratitude I acknowledge their assistance and support on all occasions.

I have the honour to be,

Your obedient servant,

ERIC H. MOORE,

Principal School Medical Officer.

MEDICAL INSPECTION

In 1954 the Authority approved a changed routine of medical inspection, to be introduced over a period of three years, the object being to attain routine medical inspections four times in a child's school life, namely, in the first year in Infants', Junior and Secondary Departments, and on school leavers. For the first time this year the four groups have been medically examined and the results are shown in the statistical Table I in the Appendix. It is interesting to note that the percentage of defects in the eight-year-old group is highest. In this report the children in the first year in the Senior Departments are not reported because they were inspected previously as ten-year-olds due to the change in times of the inspections. In the table below is shown the percentage found to require treatment and found to require observation. Most of the defects in this group are attributable to vision, ear, nose and throat ailments, and orthopaedics, though a considerable number of children were marked for observation on account of respiratory conditions. This is a matter of considerable importance in this town where chronic bronchitis is so important a disease. It is proposed to continue the present system of four inspections for another year. The School Medical Inspection sessions have run smoothly during the year. In the older schools limited facilities made medical inspection procedures difficult for doctors and teachers alike, but in every case the best possible facilities are made available. Comparative figures of the periodic inspections for the last four years are given below:—

1956—5,362, 1955—3,156, 1954—3,872, 1953—3,868.

Age Group	No. examined	Percentage found to require treatment	Percentage found to require observation
Entrants	1438	2·3	14·7
8 years old	2371	10·7	18·9
School Leavers ...	1235	7·6	5·7
Nursery Class Pupils	221	2·3	24·4
All Age Groups ...	5265	7·4	14·9

SPECIAL EXAMINATIONS

The Special examinations fill the gaps between years of routine inspections, and the majority of defects requiring treatment are consequently seen at special examinations. These children are referred by teachers, school nurses, parents, education welfare officers and others, who are encouraged to bring to the notice of the medical officers any children suspected to be in need of attention. These children are normally seen at the School Clinic.

The number of special examinations during 1956 was 265.

EMPLOYMENT OF SCHOOLCHILDREN

All children who register for employment out of school hours are medically examined to ensure that any employment undertaken will not be detrimental to health. The figures given above for special examinations include medical inspections in connection with employment.

The number of certificates granted during the year was 257, the majority of the cases being boys employed in newspaper delivery. Only two boys were certified as unfit for employment.

MINOR AILMENTS CLINIC

The following table shows the number of cases seen and treated at the school clinic, with comparative figures for the preceding three years:

	No. of Children Attending	
	Inspection Clinic (Medical Officer)	Treatment Clinic (School Nurse)
1956	180	194
1955	253	269
1954	435	448
1953	559	577

An analysis of the cases seen at the inspection clinic compared with the previous year is reproduced below:

					1956	1955
Ringworm—Scalp	...	...	...	...	1	1
Body	...	...	...	...	2	—
Scabies	...	...	...	...	4	5
Impetigo	...	...	...	...	17	23
Other Skin Diseases	...	...	...	...	61	65
Eye Diseases	...	...	...	...	16	25
Ear Defects	...	...	...	...	19	31
Miscellaneous Ailments	...	...	...	...	59	101
Nasal Catarrh	...	...	...	...	1	2
Totals	...	...	...	...	180	253

The marked fall in attendance at the Minor Ailments Clinic accentuates the trend in recent years. The 1956 attendance equals only 30·6% of the 1953 numbers. To some extent this may be due to the continued decrease in such ailments as skin conditions, which for several years have been a common cause of referral. But the main factor is that since the National Health Service Act was instituted in 1948 the school children are more and more attending the family doctor for treatment.

School children are seen at the Clinic by the Medical Officer, and treatment is carried out by the school nurses. If more elaborate treatment is required the children are referred either to their own doctor or to the hospital for specialist treatment.

TREATMENT OF DEFECTS FOUND DURING MEDICAL INSPECTIONS

The manner in which cases requiring treatment, found at periodic medical inspection and at the School Clinic were dealt with, will be found in the following pages under the heading of the appropriate defect.

DEFECTS OF VISION

Table IV, Group I, in the Appendix shows that 913 children received treatment during the year. Of these 840 were dealt with at the Ophthalmic Clinic at the Warrington General Hospital, 24 at the Minor Ailments Clinic, and 49 at the Warrington Infirmary.

The continued operation of two clinics at the Warrington General Hospital has resulted in the removal of any time lag between referral of a case and its being seen at the Vision Clinic. At the end of the year, therefore, there was no waiting list of cases.

840 cases were seen at these Ophthalmic Clinic Sessions, as compared with 768 seen in 1955.

There is now no serious time lag between the eye examination and the provision of spectacles.

ORTHOPTIC CLINIC

The orthoptic clinic is conducted at the Warrington General Hospital under the supervision of the consultant ophthalmologist.

The numbers of attendances at the clinic during 1956 were as follows:

Schoolchildren	...	...	...	...	...	1576
Pre-school children	...	...	...	...	...	526
Children from other authorities:						
Lancashire C.C.	...	...	...	...	...	271
Cheshire C.C.	...	...	...	...	...	289
						<hr/>
Total attendances	...	...	...	...	...	2662
						<hr/> <hr/>

SQUINT OPERATIONS

Facilities for operative treatment of squint were available again throughout the year at Warrington General Hospital to which the majority of cases are referred.

Warrington General Hospital:

No. of operations performed during year	...	41
No. of cases on waiting list at end of year	...	5

EAR, NOSE AND THROAT DEFECTS

The number of cases referred for treatment of defects of the ear, nose and throat will be found in Table IV—Group 2.

Children who do not readily respond to treatment and all those who require operative treatment are referred to the ear, nose and throat consultant, Mr. W. E. Hunter.

EAR, NOSE AND THROAT CLINIC

Details of the work of the ear, nose and throat clinic during the year are given below:

Received Operative Treatment:—

(a) For diseases of the ear	...	...	...	1
(b) For adenoids and chronic tonsillitis	...	...	...	163
(c) For other nose and throat conditions	...	...	...	15
Received other forms of treatment	...	...	...	12
No treatment required	...	...	...	79
Refused treatment	...	...	...	20
Left school or district before treatment was completed	...	...	...	6
Total cases referred				296

The total number of attendances at the inspection clinic during the year was 474 and there were 362 attendances for treatment.

Particulars of treatment given at the Warrington Infirmary to school-children during the year were also made available to us. Details are given below:

Received Operative Treatment:

(a) For diseases of the ear	...	...	...	5
(b) For adenoids and chronic tonsillitis	...	...	...	104
(c) For other nose and throat conditions	...	...	...	8
Received other forms of treatment	25
Total				142

Operations at clinic:

Antral lavage	50
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AUDIOMETRY

The Authority continues to use a "Pure-Tone" Audiometer, operated by a Clinic Nurse employed part-time for the Ear, Nose and Throat Clinic. Children are tested as a routine in the entrants group.

The tables below give details of the tests carried out and the disposal of cases where a double failure was recorded, during 1956.

Audiometric Tests

						"Pure-Tone" Audiometer
Primary Tests						
Number of schools visited	...	...	...	...	...	19
Number of group tests	...	...	...	...	...	36
Number of children tested	...	...	...	...	...	1136
Number of primary failures		...	...	...	...	353
Secondary Tests						
Number of group tests	...	...	...	...	...	19
Number of children tested	...	...	...	...	...	274
Number of double failures	...	...	...	...	...	87
Disposal of Cases						
Nothing abnormal found after treatment	...	...	...	...	...	1
Receiving treatment	...	...	...	...	...	14
Referred for tonsils and adenoids operation				...	...	13
Treatment not beneficial	...	...	...	...	...	2
Still receiving treatment (from previous years) or investigation...	...	...	...	...	...	57

CHILD GUIDANCE

There is no Child Guidance Clinic, it having been impossible to appoint the necessary staff, but it is hoped that arrangements can be made eventually for the services of a Psychiatrist to be made available by the Liverpool Regional Hospital Board. In the meantime, very urgent cases are being referred to other clinics, mainly Notre Dame Child Guidance Clinic, Liverpool. There appears to be a considerable demand for an adequate Child Guidance Service in the town, and it is hoped that, with the provision of accommodation in the new Clinic, the staff will be forthcoming to provide the service.

The School Medical Officers and the Educational Psychologist continued to deal with intellectual, social and emotional health problems of school-children, and the work of the Educational Psychologist has helped to fill the gap caused by the absence of an established Child Guidance Clinic. In spite of the fact that many parents are out at work, attendance for consultation with the Educational Psychologist during 1956 has been good.

An analysis of the tasks undertaken by the Educational Psychologist compared with the previous year is reproduced below, together with her observations.

	1956	1955
New cases undertaken	151	111
Referred by School Medical Officers ...	14	8
Referred by Head Teachers	128	91
Referred from other sources:	9	12
By Chief Education Officer	1	4
By Children's Officer	5	1
By Probation Officers	—	2
Parent's approach	3	5
Additional tests	9	18
Retests	17	16
Total number of tests administered ...	177	145
Return visits of old cases	80	61
No. of visits paid to schools... ..	152	142
No. of cases discussed with Head Teachers	418	387

On December 31st, 1956, in addition to cases to be reviewed and retests to be arranged there was a waiting list of 38 cases.

The distribution of the I.Q.'s of children tested is according to expectations.

I.Q. range of Children Tested on Terman-Merrill Scale (Total 156)

I.Q. Range	Below 55	56-70	71-85	86-95	96-105	106-115	116-125	Total
Boys	3	20	45	19	13	5	1	106
Girls	7	10	19	9	3	1	1	50

Twice as many boys as girls were referred. Some indication of the developing recognition of the needs of dull and retarded in ordinary schools is the number of children found to have an I.Q. between 70 and 85.

Age range of children interviewed (Total 168)

Ages	3-4	4-5	5-6	6-7	7-8	8-9	9-10	10-11	11-12	12-13	13-14	14-15
Year of birth	1952	1951	1950	1949	1948	1947	1946	1945	1944	1943	1942	1941
Numbers seen during 1956	3	4	8	22	32	19	24	13	24	8	5	6
Numbers seen during 1955	—	3	21	23	19	15	9	10	18	20	1	2

Head Teachers have submitted most of the cases and, because effective provision for backward children becomes more difficult after age 8, it would be preferable for the peak ages of children referred to be between 5 and 9 years, instead of between 6 and 12 years. This would provide opportunity for two, spaced measurements of the child, and lead eventually to a diminution of the numbers of dull and retarded children in higher classes.

In October, 1956, Green Lane School opened and by the end of the year the Authority was providing facilities for nearly a hundred educationally subnormal children. Their good attendance and happy bearing are evidence of contentment in their new environment and a noticeable improvement in self-care has occurred in the case of some adolescent girls.

Cases of maladjustment are often referred, including on occasion, children upset by psychopathic parents. The growth of out-patient treatment for adult mental cases may mean the examination of a larger number of such children. To sever a child's primary links is grave, yet educational recommendations are in themselves not sufficient for children whose minds are too "pre-occupied" to learn, who lack good models, consistent discipline, and proper parental supervision. Factors which, by disrupting family life, rob some children of satisfying emotional experiences in the home, are a father working away from home, shift work, or undue reliance on overtime-earnings. Interviews with parents show that children may be bribed by staying up too late to watch television programmes, and that instead of being played with or conversed with actively they are often rendered silent, passive viewers.

This year, some parents have been approached to speak more plainly to their children in order to help them to discriminate between and reproduce sounds. This is fundamental to success in reading. The audiometric service assists in the diagnosis of handicaps. Attitudes that are barriers to learning are often broken down in the Centre so that suitable reactions can later be aroused in the classroom, and most parents have not failed to respond to the individual approach of this preventive service which, while advising, respects their self-esteem.

SPEECH THERAPY CLINIC

This clinic remained closed throughout the year as it was impossible to secure the appointment of a Speech Therapist. It is greatly regretted that it has not been possible to staff this clinic, since there is a demand which can only be met by a full-time officer.

TREATMENT IN THE SCHOOLS

The number of children excluded during the year by the medical officers and nurses on their visits to the schools was 54 (see details below).

			Boys	Girls	Total
Uncleanliness	...	...	2	52	54

Children are encouraged to attend at the School Clinic for dressings where they can be given more satisfactorily.

Details of the work of the school nurses in connection with cleanliness inspections in schools are given on page 32 in Table II.

OTHER SPECIALIST TREATMENT PROVIDED UNDER THE NATIONAL HEALTH SERVICE ACT

PAEDIATRIC CLINIC

The paediatric consultant service conducted at the Warrington General Hospital by Dr. H. Angelman is used by the School Medical Officers.

ORTHOPAEDIC CLINIC

The following tables give details of the work performed at the Clinic during the years 1955 and 1956:

	1956	1955
No. of new cases examined	28	37
No. of cases treated	112	122
No. of cases in which operations have been performed	2	8
No. of cases who have attended for remedial treatment	34	41
No. of attendances made for treatment ...	178	280

The number of cases discharged from the clinic during the year was 40.

The following is a summary of the reasons for discharge of cases seen during the year:

No further treatment required	28
Left school—over age	2
Discharged for non-attendance	8
Left district	2
Total	40

The following were the principal types of cases treated during 1955 and 1956:

	1956	1955
Flat Foot	20	28
Postural defects	7	7
Knock Knee	14	13
Club Foot	2	2
Defective Gait	1	2
Muscular paralysis	19	17
Referred for ultra-violet light treatment (sunlight)	—	1
Foot abnormalities	38	31
Injuries, etc.	3	2
Miscellaneous defects	8	19

HANDICAPPED PUPILS

NUMBERS OF HANDICAPPED PUPILS

The following table gives the numbers of pupils on the Handicapped Pupils' Register on the 31st December, 1956, together with the numbers ascertained during the year.

Classification	No. Ascertained during year	Total Ascertained at 31.12.56
Partially-sighted	2	7
Deaf	—	1
Partially-deaf	—	9
Delicate	1	2
Physically-handicapped ...	3	7
Educationally sub-normal...	31	143
Totals	37	169

PROVISION OF SPECIAL EDUCATION

The Table below gives details of the numbers of pupils for whom special educational facilities have been provided.

Classification	Attending special school as		Receiving education under arrangements made under Section 56 of Education Act, 1944		Total
	Day Pupils	Boarders	In Hospital	At Home	
Partially-sighted...	6	1	—	—	7
Deaf	—	1	—	—	1
Partially-deaf	—	9	—	—	9
Delicate	—	—	—	1	1
Physically- handicapped	—	—	—	4	4
Educationally sub-normal	98	13	—	1	112
Totals	104	24	—	6	134

The following handicapped pupils requiring special educational provision are still unplaced:

Delicate	...	...	...	...	...	...	1
Physically-handicapped	...	...	...	...	...	...	3
Educationally sub-normal	...	...	...	...	...	...	31

The opening of Green Lane School, a Special Day School for educationally sub-normal children, which took place in September has greatly assisted the problem of dealing with this class of handicapped child. Most of the problems of educational sub-normality are being met by this establishment, and the ready co-operation of the Headmistress and her staff makes this school a great asset.

EDUCATIONALLY SUB-NORMAL

There are 143 pupils ascertained as educationally sub-normal of whom 13 are in special residential schools. The needs of the majority of the others are met in the day special school.

In addition a number of children have been ascertained in this category who, although not requiring accommodation in special schools, do require special treatment in the ordinary schools. These, of course, are in the higher grades of sub-normality.

During the year 45 children were tested, with the following results:

Suitable for special (day) schools	...	...	...	...	30
Suitable for special (residential) schools	...	...	...	...	1
Suitable for education within ordinary school system with modified treatment	...	...	...	...	6
Reported to the Local Health Authority:—					
Under Section 57(3) Education Act, 1944	...	...	...	...	2
Under Section 57(5) Education Act, 1944	...	...	...	...	4
No action taken—to be retested later	...	...	...	...	2
Total	...	...	...	...	45

There are at present 143 children in this category, 31 of whom are awaiting special educational treatment, and this number will grow still further.

CHILDREN RECEIVING HOME TUITION

On the 31st December, 1956, there were 6 handicapped pupils on the home teacher's register. Of these 4 were physically handicapped, 1 was delicate and 1 educationally sub-normal.

WORK OF THE SCHOOL NURSES

A cleanliness inspection of all children is carried out in every school each term. The school nurse endeavours to complete this inspection as early in the term as possible. Each child is examined for pediculosis, cleanliness of body and clothing, and condition of footwear. Any unsatisfactory condition is dealt with and followed up on subsequent visits to the school. Where necessary, domiciliary visits are made to effect a remedy.

A nurse accompanies the medical officer on all routine medical inspections. Her duties include the weighing and measuring of children, vision testing, and the preparation of the children for examination. In addition, she prepares the children for immunisation against diphtheria, where necessary, and obtains any information required from the teachers regarding the health of the children to be examined and of any other children whom the teacher may wish to bring to the notice of the medical officer.

At the clinic, the nurse is engaged in the treatment of the children for minor ailments and disinfestation.

In the cases of uncleanness the course of action laid down in Section 54 of the Education Act is followed. Cleansing Notices were issued in 20 cases, and in 3 cases it was necessary to issue a Cleansing Order for the compulsory cleansing of the children at the cleansing station. No prosecutions were ordered in the year under review.

Some brief details of the work carried out by the school nurses are given below:

	1956	1955
Visits to Homes of children (in many cases assisting with treatment)	286	308
Attendance at medical inspections in schools ...	287	165
Visits to schools for cleanliness inspections and re-inspections	832	849
Number of cases of uncleanness treated at the school clinic	49	144
Number of attendances of uncleanness cases at the school clinic	156	487

INFECTIOUS DISEASES AND IMMUNISATION

INFECTIOUS DISEASES

As will be seen from the comparative statement given below the number of cases of notifiable infectious disease occurring among schoolchildren during the year, there was no major outbreak of infectious disease.

There is still a considerable annual incidence of measles in the school population, especially in the younger groups.

							1956	1955
Tuberculosis (respiratory)	...	...	...	...	...	...	7	5
Tuberculosis (non-respiratory)	...	...	...	...	...	...	1	2
Scarlet Fever	...	...	...	...	...	...	94	27
Whooping Cough	...	...	...	...	...	...	50	32
Measles	...	...	...	...	...	...	24	334
Pneumonia	...	...	...	...	...	...	4	8
Poliomyelitis	...	...	...	...	...	...	4	2
Meningococcal infection	...	...	...	...	...	...	1	1
Dysentery	...	...	...	...	...	...	2	4
Totals	...	...	...	...	...	...	187	415

An unusual, explosive illness occurred at Bewsey Girls' Secondary Modern School on Friday, 2nd March, 1956, which requires special mention in this report. Shortly after 9 a.m. on Friday, 2nd March, 3 girls in assembly felt dizzy and went out of the Hall. During the morning a few other girls in various classrooms in the same Senior Department of the School were similarly affected. The Principal School Medical Officer was informed at 12-10 p.m., and on visiting the school at 12-30 p.m. found some 15 girls complaining of the same symptoms. During the next hour the number affected rose to approximately 70. In addition, there were, of course, some girls who thought they were ill, and in whose case it was plainly a psychological malady. The symptoms came on very suddenly and consisted of dizziness and fainting, the period of unconsciousness lasting only a few seconds. A few girls complained of transient upper abdominal pain, mainly immediately below the diaphragm. The pain was not colicky, but dull and aching in character. This pain lasted only a few minutes and did not recur. No girls vomited, but two had nausea. All the affected girls were sent home by ambulance, except 3, who were admitted to Hospital for investigation. The school was closed for the afternoon. The school opened as usual on Monday morning and no further incidents occurred. The three girls admitted to hospital had a temperature of 99 degrees on admission, and within 6 hours this had returned to normal. The symptoms of dizziness and faintness rapidly subsided, and by Friday evening they were largely recovered. The next day they were taking food normally and feeling well. Specimens of blood were taken from these patients which was examined chemically and bacteriologically. The carbon monoxide content of the blood ranged from 3% to 6%, which is within normal limits in this area. Examination of the blood showed no organisms, and it was chemically and bacteriologically normal and no virus was cultured. The school is a reasonably

modern building with a pronounced tendency to over-ventilation. The siting of the boiler house and general arrangements excluded the possibility of fumes, and, in addition, it seemed to be a special age group of girls which became involved rather than any particular part of the school. All the patients were aged between 11 and 14 years. They had not had any meals in common and most of them had not partaken of any food at the school that morning. This excluded food poisoning. I formed the opinion that this outbreak was similar to others which had occurred in a few other schools in various parts of the country, for which no cause has been found. The efficient handling of this alarming incident by the Headmistress and her staff calls for special mention.

IMMUNISATION AGAINST DIPHTHERIA

The immunisation campaign was maintained throughout the year on a routine basis.

The number of children immunised during the year, at school and at the clinic, was as follows:

Primary Courses	...	...	...	...	...	278
Secondary (Reinforcement) injection	...	...				613
						<hr/>
Total	...	...	...	...	...	891
						<hr/>

The number of both primary and reinforcement injections shows a considerable reduction on the previous year.

For the eighth year in succession no case of diphtheria has occurred amongst schoolchildren in Warrington.

ANCILLARY SERVICES

NURSERY CLASSES

Children attending the nursery classes attached to the infants' schools are examined every year. Details of the examinations will be found under the heading "other periodic inspections" in Table IA in the Appendix from which it will be seen that 221 children were examined during the year.

These children are also examined by the dental officers as part of the routine dental inspections of the infants' schools.

All the facilities of the school health service are available to nursery children. Particulars of treatment are included in the various treatment tables in this report.

The school nurses also visit the nursery classes when carrying out their cleanliness inspections. Statistics are included in the appropriate tables.

The usual facilities for immunisation against diphtheria are available, and the nursery class is useful in enabling the medical officers to immunise those children who for one reason or another were not immunised in infancy. The response is very satisfactory and for this purpose the class is a valuable adjunct in the general campaign for immunisation.

PROVISION OF MILK AND MEALS

MILK

Administrative arrangements continue on substantially the same lines as before. Children absent from school because of illness may receive their daily ration of milk at home provided satisfactory arrangements are made with the Head Teacher for the collection of the milk by a responsible person.

MEALS

The Education Committee had nine school kitchens supplying meals to schools throughout the year. Midday meals are served in all the schools. The charge continued at the rate of 6d. per day for children attending Special Schools, but, in accordance with instructions issued by the Ministry of Education, was increased from 9d. to 10d. for other children, from 1st September, 1956. Free meals, and meals for less than the full charge, are supplied to children of parents whose income is within the Committee's scale.

The following table shows the average number of meals supplied per day during the year 1956.

Average No. of Pupils on Roll	Received free meals	Received meals for payment	Total	Percentage of pupils receiving meals
13,902	491	4,564	5,055	36.36

PHYSICAL EDUCATION

The year has been notable for a further increase in interest in Physical Education in schools of all kinds. The attempt to move towards modern methods by the use of apparatus and by widening the scope of the work has been most noticeable. The Authority's scheme for the provision of equipment is now showing good results and is well appreciated by all schools.

The work of the Warrington Teachers' Sports Association although still handicapped by the shortage of general playing field facilities has been quite successful. The usual very full programme of inter-school and inter-town competitions in the major games, athletics and other physical activities has been organised.

The Authority's Swimming Scheme for Primary and Secondary Schools has again proved its value both in the number of children who learned to swim and in successful results in the Royal Life Saving Society's examinations.

The programme of evening classes at the Borough Gymnasium and at other Centres has attracted a most satisfactory number of young people throughout the year.

The Authority's provision for such a complete range of physical activities for both schoolchildren and young people has again shown very good results both in the numbers which have been catered for and in individual successes at national and county level.

PRINCIPAL SCHOOL DENTAL OFFICER'S REPORT

by A. P. FINLAY, L.D.S., R.F.P.S.

When one prepares an Annual Report, it is customary I think to report progress, or otherwise, by comparing figures with those of the previous year. On this occasion, however, I consider it would be most unfair to do so when one remembers the difficulties with which the Warrington School Dental Service was faced during the greater part of 1955. These difficulties became very real to me when I took over in February, 1956, and it was very obvious that something drastic had to be done "to get back on the rails." The time lag between inspection and treatment was standing at exactly 11 months, while the number awaiting treatment was the colossal figure of 3,640, or 26% of the entire school population. It seemed to me the only thing to do was to re-organise entirely and start again from scratch.

I then arranged a personal visit to all of our 53 Head Teachers for the purpose of getting to know them and discussing their school dental problems. This I feel was greatly appreciated by the Head Teachers, and will, I am sure, pay good dividends in the future. As a result of these visits I was left in no doubt whatsoever that relief of toothache must be the first priority, and we accordingly started what may be termed a "Toothache Blitz" on the school-children of Warrington. This gives the greatest good to the greatest number, and involves a complete round of inspection of the entire school population, concentrating on toothaches, potential toothaches, and oral sepsis, always keeping a watchful eye of course for the good, clean, well-cared-for mouth, which is worthy of conservative treatment. Obviously, in an inspection of this nature, the number of "Defective not Referred" cases is unusually high. This produced an overall acceptance rate for the year of 64%, which must be considered disappointing when it is remembered that it applies to children who are actually suffering toothache now, or are going to suffer very soon. The only available previous acceptance rate was 53% in 1953. A small proportion of course obtain treatment privately, but one fears it is a very small proportion indeed. It is interesting to note that the individual school acceptance figures varied greatly from the 85% of Heathside Juniors and St. Ann's Infants, to the 51% of Beamont Juniors and Fairfield Juniors. Infant departments topped the list of acceptors with 67%, followed by Juniors with 64% and Seniors 62%. Is there a good omen for the future here?

With the emphasis on toothache, it is natural that the total extractions for the year should be high, higher in fact than in any post-war year! A total of 7,264 teeth were extracted, as against the previous highest total of 5,961 in 1950. It must be noted however that there were 1,249 more occasions when nitrous oxide was administered in 1950 than in 1956, giving an average extraction per administration of 1.48 in 1950 as against an average extraction per administration of 2.61 in 1956. This greatly cuts down the number of "returns for treatment" figure. The high extraction rate is now showing results, however, in a greatly reduced attendance at the daily emergency clinic.

The figures for conservative treatment work out at an average of 1,198 fillings per dental officer, a figure which must be considered satisfactory when one remembers that the emphasis is meantime, unfortunately, on extractions.

157 attendances were made throughout the year by orthodontic patients. This form of treatment is strictly limited to those showing an interest in it, and who, in addition, have good, clean, well-cared-for mouths and are likely to bear the inconvenience of wearing orthodontic appliances. The great majority of such patients have been most appreciative.

In conclusion, I should like to express my sincere thanks to Mrs. Lawton and all members of the dental staff for their willing co-operation during the year in putting into effect certain new ideas and methods for the efficient running of the dental scheme; also to Dr. Manning and Dr. Graham for being such willing anaesthetists.

DENTAL INSPECTION AND TREATMENT

A. DENTAL INSPECTION

Number of pupils inspected by the Authority's Dental Officers:

(a) Periodic Age Groups	...	...	...	...	5912
Total	...	...	...	...	5912
(b) Special Inspections	...	...	...	...	1439
Total (Periodic and Special)	...	...	...	...	7351

B. DENTAL TREATMENT

Number found to require treatment	...	...	...	...	5826
Number offered treatment	...	...	...	...	4324
Number actually treated	...	...	...	...	3008
Attendances made by pupils for treatment	...	...	...	...	5231
Half-days devoted to (a) inspection	...	...	...	...	49
(b) treatment	...	...	...	...	693
Total (a) and (b)	...	...	...	...	742
Fillings—permanent teeth	...	...	...	...	2091
temporary teeth	...	...	...	...	6
Total	...	...	...	...	2097
Number of teeth filled—permanent teeth	...	...	...	...	1552
temporary teeth	...	...	...	...	6
Total	...	...	...	...	1558
Extractions—permanent teeth	...	...	...	...	939
temporary teeth...	...	...	...	...	6307
Total	...	...	...	...	7246
Administration of general anaesthetics for extraction	...	...	...	...	2768
Other operations (a) permanent teeth	...	...	...	...	501
(b) temporary teeth	...	...	...	...	28
Total (a) and (b)	...	...	...	...	529

APPENDIX

MINISTRY OF EDUCATION

Medical Inspection Returns
Year ended 31st December, 1956

Table I

Medical Inspection of Pupils Attending Maintained Primary
and Secondary Schools (including Special Schools)

A. PERIODIC MEDICAL INSPECTIONS

Number of Inspections in the Prescribed Groups						
Entrants	...	...	...	...	...	1438
Second Age Group, Age 8	...	...	...	...	...	2371
Third Age Group, Age 15	...	...	...	...	...	1028
Total	...	...	...	...	...	4837
Other Periodic Inspections:						
Nursery Classes	...	...	...	...	...	221
High School for Girls	...	...	...	...	...	86
Boteler Grammar School	...	...	...	...	...	121
Partially-sighted class	...	...	...	...	...	9
Observation cases	...	...	...	...	...	88
GRAND TOTAL	...	...	...	...	...	5362

B. OTHER INSPECTIONS

Number of Special Inspections	...	...	...	...	...	250
Number of Re-Inspections	...	...	...	...	...	15
Total	...	...	...	...	...	265

C. PUPILS FOUND TO REQUIRE TREATMENT

Number of Individual Pupils found at Periodic Medical Inspection to require
treatment (excluding Dental Diseases and Infestation with Vermin).

NOTES:

- (1) Pupils found at Periodic Medical Inspection to require treatment for a defect are not excluded from this return by reason of the fact that they are already under treatment for that defect.
- (2) No individual pupil is recorded more than once in any column of this Table and therefore the total in column (4) is not necessarily the same as the sum of columns (2) and (3).

Group (1)	For defective vision(excluding squint) (2)	For any of the other conditions recorded in Table III (3)	Total individual pupils (4)
Entrants	—	32	32
Second Age Group, Age 8	154	101	243
Third Age Group, Age 15	65	19	79
Total (Prescribed Groups)	219	152	354
Other Periodic Inspections	10	6	16
GRAND TOTALS	229	158	370

Table I (continued)

D. CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS INSPECTED DURING THE YEAR IN THEIR AGE GROUPS

Age Groups (1)	No. of pupils in-spected (2)	Satisfactory		Unsatisfactory	
		No. (3)	Percent-age of Col. (2) (4)	No. (5)	Percent-age of Col. (2) (6)
Entrants	1438	1426	99·16	12	0·84
Second Age Group (age 8)	2371	2343	98·82	28	1·18
Third Age Group (School leavers) ...	1028	1010	98·25	18	1·75
Additional Periodic Inspections ...	525	522	99·43	3	0·57
Totals	5362	5301	98·86	61	1·14

Table II

INFESTATION WITH VERMIN

All cases of infestation, however slight, are recorded.

The return relates to individual pupils and not to instances of infestation.

(i) Total number of examinations in the schools by the school nurses or other authorised persons ...	32556
(ii) Total number of individual pupils found to be infested	1155
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2) Education Act, 1944)	20
(iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3) Education Act, 1944)	3

Table III

RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED
31st DECEMBER, 1956

A—PERIODIC INSPECTIONS

NOTE: All defects noted at medical inspection as requiring treatment are included in this return, whether or not this treatment was begun before the date of the inspection.

De- fect Code No.	Defect or Disease	Periodic Inspections				Total (including all other age groups inspected)	
		Entrants		Leavers			
		Re- quir- ing Treat- ment	Re- quir- ing Ob- serva- tion	Re- quir- ing Treat- ment	Re- quir- ing Ob- serva- tion	Re- quir- ing Treat- ment	Re- quir- ing Ob- serva- tion
4	Skin	1	5	4	7	11	32
5	Eyes (a) Vision	—	5	75	13	229	94
	(b) Squint	5	7	1	2	12	20
	(c) Other	—	2	1	2	2	16
6	Ears (a) Hearing	—	9	—	3	4	22
	(b) Otitis Media... ..	1	3	—	5	2	14
	(c) Other... ..	—	—	1	4	1	12
7	Nose and Throat	25	101	3	6	87	236
8	Speech	—	12	—	—	2	21
9	Lymphatic Glands	—	3	—	1	1	22
10	Heart	—	2	—	6	—	19
11	Lungs	—	20	—	3	—	66
12	Developmental:						
	(a) Hernia	—	—	—	1	1	7
	(b) Other	—	3	—	—	3	54
13	Orthopaedic:						
	(a) Posture	—	2	—	1	—	14
	(b) Feet	—	8	4	4	19	28
	(c) Other	1	15	4	6	10	43
14	Nervous System:						
	(a) Epilepsy	—	—	—	2	1	4
	(b) Other	—	4	—	—	—	10
15	Psychological:						
	(a) Development	—	—	—	—	—	6
	(b) Stability	—	9	1	—	1	24
16	Abdomen	—	—	—	—	—	—
17	Other	—	1	1	5	2	21

Table III (continued)

B—SPECIAL INSPECTIONS

NOTE: All defects noted at medical inspection as requiring treatment are included in this return, whether or not this treatment was begun before the date of the inspection.

Defect Code No.	Defect or Disease	Special Inspections	
		Requiring Treatment	Requiring Observation
4	Skin	249	2
5	Eyes (a) Vision	98	6
	(b) Squint	6	5
	(c) Other	26	—
6	Ears (a) Hearing	8	1
	(b) Otitis Media	13	2
	(c) Other	19	2
7	Nose and Throat	63	17
8	Speech	2	2
9	Lymphatic Glands	—	2
10	Heart	—	2
11	Lungs	3	8
12	Developmental:		
	(a) Hernia	1	—
	(b) Other	9	12
13	Orthopaedic:		
	(a) Posture	—	2
	(b) Feet	—	8
	(c) Other	4	1
14	Nervous System:		
	(a) Epilepsy	—	—
	(b) Other	—	1
15	Psychological:		
	(a) Development	—	1
	(b) Stability	—	1
16	Abdomen	—	—
17	Other	5	7

Table IV

TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND
SECONDARY SCHOOLS (INCLUDING SPECIAL SCHOOLS)

NOTES:

In Groups 1, 2 and 3 treatment includes all defects treated or under treatment during the year by the Authority's own staff, however brought to the Authority's notice, i.e., whether by periodic inspection, special inspection, or otherwise, during the year in question or previously, or

Provided otherwise than by the Authority (i.e., known by the Authority to have been provided, including treatment carried out in school clinics by the Regional Hospital Board).

GROUP I—EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases dealt with	
	by the Authority	Otherwise
External and other excluding errors of refraction and squint	24	—
Errors of refraction (including squint) ...	*—	889
Totals	24	889
Number of pupils for whom spectacles were prescribed	—	436

* Including cases dealt with under arrangements with the Supplementary Ophthalmic Services.

GROUP II—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases known to have been treated	
	by the Authority	Otherwise
Received operative treatment:		
(a) for diseases of the ear	—	6
(b) for adenoids and chronic tonsillitis ...	—	267
(c) for other nose and throat conditions ...	—	22
Received other forms of treatment	69	25
Totals	69	320
Total number of pupils in schools who are known to have been provided with hearing Aids:		
(a) in 1956	—	8
(b) in previous years	—	Not known

GROUP III—ORTHOPAEDIC AND POSTURAL DEFECTS

	by the Authority	Otherwise
Number of pupils known to have been treated at clinics or out-patient departments ...	—	252

GROUP IV—DISEASES OF THE SKIN (excluding uncleanliness, for which see Table II)

	Number of cases treated or under treatment during the year by the Authority
Ringworm: (i) Scalp	—
(ii) Body	2
Scabies	3
Impetigo	15
Other skin diseases	87
Total	107

GROUP V—CHILD GUIDANCE TREATMENT

Number of pupils treated at Child Guidance Clinics under arrangements made by the Authority	3
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GROUP VI—SPEECH THERAPY

Pupils treated by Speech Therapists under arrangements made by the Authority	52
----------------------------------------------------------------------------------------	----

GROUP VII—OTHER TREATMENT GIVEN

(a) Number of cases of miscellaneous minor ailments treated by the Authority	59
(b) Other:—1. General Medical	70
2. General Surgical	86
Total	215

HEIGHT

Table V

	No. Examined 1956	Age	1953 ft. ins.	1954 ft. ins.	1955 ft. ins.	1956 ft. ins.
BOYS						
Entrants ...	10	4	3 2	3 2½	3 4½	3 2¾
	291	5	3 6	3 5½	3 6	3 6½
	347	6	3 7½	3 7	3 7¼	3 7½
	65	7	3 9½	3 10	3 9½	3 11
Second age Group	1120	8	—	—	4 0	4 0½
Second age Group	119	10	4 5½	4 6	4 6½	—
Third age Group	522	14	5 1	5 1½	5 2½	5 1¾
Other Periodic	13	3	3 1½	3 1	3 0½	3 1
Inspections:	76	4	3 3	3 2½	3 3½	3 3¼
(Nursery Classes)	34	5	3 5	3 4½	3 4½	3 4¾
GIRLS						
Entrants ...	9	4	3 4½	3 1½	3 1½	3 3
	287	5	3 5½	3 5½	3 5	3 5¾
	343	6	3 7	3 7	3 7	3 7¼
	48	7	3 9	3 9½	3 9½	3 10
Second age Group	1149	8	—	—	3 11½	3 11
Second age Group	113	10	4 5½	4 5½	4 5½	—
Third Age Group	507	14	5 0½	5 1	5 1	5 1
Other Periodic	11	3	3 6	3 0½	3 0	3 1½
Inspections:	65	4	3 2	3 2½	3 2	3 2¾
(Nursery Classes)	39	5	3 4½	3 4½	3 4½	3 4¾

WEIGHT

	No. Examined 1956	Age	1953 st. lb.	1954 st. lb.	1955 st. lb.	1956 st. lb.
BOYS						
Entrants ...	10	4	2 6½	2 7½	2 9½	2 8
	291	5	2 12½	2 10	2 13	2 13
	347	6	3 1½	3 0½	3 0½	3 1½
	65	7	3 6	3 7	3 6	3 6½
Second age Group	1120	8	—	—	3 10½	3 12¾
Second age Group	119	10	4 13½	5 1½	5 3	—
Third age Group	522	14	7 6	7 3½	7 11	7 5¼
Other Periodic	13	3	2 2½	2 4	2 6½	2 5½
Inspections:	76	4	2 8	2 7½	2 8½	2 8¾
(Nursery Classes)	34	5	2 11	2 10½	2 11	2 11¾
GIRLS						
Entrants ...	9	4	2 11½	2 8	2 4	2 7
	287	5	2 11½	2 11	2 10½	2 11½
	343	6	3 0	3 0	2 13½	3 0¼
	48	7	3 4	3 5½	3 5	3 5½
Second age Group	1149	8	—	—	3 9	3 12
Second age Group	113	10	4 13½	5 0½	5 3½	—
Third age Group	507	14	7 6	7 7	7 7½	7 8
Other Periodic	11	3	2 3½	2 4	2 3	2 5
Inspections:	65	4	2 6½	2 7	2 6	2 7
(Nursery Classes)	39	5	2 10	2 10	2 9½	2 10¼

STATEMENT OF THE NUMBER OF CHILDREN NOTIFIED BY THE LOCAL
EDUCATION AUTHORITY TO THE LOCAL HEALTH AUTHORITY
DURING THE YEAR 1956

	Boys	Girls
Notified under Section 57(3) of the Education Act, 1944	—	2
Notified under Section 57(5) of the Education Act, 1944	2	2